

November 16, 2007

Los Angeles County Board of Supervisors

TO:

Each Supervisor

Gloria Molina First District

FROM:

SUBJECT:

Bruce A. Chernof, M.D.

Yvonne B. Burke Second District Director and Chief Medical

Zev Yaroslavsky Third District STATUS OF THE IMPLEMENTATION OF THE

CONTINGENCY SERVICES PLAN AT MARTIN LUTHER

KING, JR. - HARBOR HOSPITAL

Don Knabe Fourth District

Michael D. Antonovich

This is to provide your Board with the weekly report on the status of the Martin Luther King, Jr. - Multi-Service Ambulatory Care Center (MLK MACC), the impact of the closure of MLK-Harbor Hospital, and the progress of the plan to reopen MLK Hospital.

Bruce A. Chernof, MD Director and Chief Medical Officer

John R. Cochran III

Chief Deputy Director

Robert G. Splawn, MD

Senior Medical Director

MLK MACC Service Indicators

Urgent Care

There were 469 total (adult and pediatric) urgent care visits in the week ending November 10, 2007 (Attachment I). This is a 13% increase from the prior week when 415 visits were provided.

There were 38 patients transferred out of the urgent care center to hospitals

2007, compared to 23 patients the prior week. None of these transfers were

(primarily Harbor-UCLA Medical Center) during the week ending November 10.

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

> Tel: (213) 240-8101 Fax: (213) 481-0503

initiated through a call to 9-1-1.

Outpatient Primary and Specialty Care Visits

www.ladhs.org

The number of outpatient primary and specialty care visits has generally been level (Attachment I). The number of outpatient primary and specialty care visits for the week ending November 10, 2007, was 2,399. This is a 10% increase from the prior week when 2,175 visits were provided.

To improve health through leadership, service and education.

The Department will continue to monitor urgent, primary, and specialty care visits and will report on any trends.

Impacted Hospitals – Emergency Department Volume and 9-1-1 Transports



As reported previously, the Emergency Medical Services (EMS) Agency in collaboration with EMS field providers and surrounding hospitals redrew the ambulance services area to redirect 9-1-1 ambulances in an effective manner while limiting disruption to the EMS system to the greatest degree possible. Nine private "impacted" hospitals were offered an agreement including reimbursement for uninsured 9-1-1 patients from the MLK geographical area and priority for transfers into the County and MetroCare contract facilities. Additional funding was allocated for physician reimbursement of 9-1-1 and walk-in patients. To date, seven of the nine hospitals have signed the agreement.

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The EMS Agency continues to closely monitor redirected ambulance traffic. The average daily number of patients registered in the emergency departments (ED) of the impacted hospitals and the average daily number of 9-1-1 transports has generally remained level since the closure of MLK-Harbor Hospital. All impacted hospitals continue to report a sustained increase in ambulance traffic and the hospitals are generally reporting that their inpatient beds are busier than usual for this time of year.

Emergency Department Volume

The nine impacted private hospitals have a total of 273 ED treatment stations. During the week ending November 10, 2007, a daily average of 1,172 patients registered in the EDs of the eight hospitals that provided data for the week (Attachment II). This reflects a 2% decrease from the daily average of 1,201 patients during the prior week. LAC+USC Medical Center registered a daily average of 411 ED patients during the week ending November 10, compared to 423 the prior week. Harbor-UCLA Medical Center registered a daily average of 210 ED patients during the week ending November 10, compared to 209 the prior week. This data is self-reported by the hospitals.

9-1-1 Transports

During the week ending November 10, 2007, there was a daily average of 215 9-1-1 transports to the eight hospitals that provided data for the week (Attachment II). This reflects a 3% increase from the daily average of 209 9-1-1 transports during the prior week. LAC+USC Medical Center had a daily average of 52 9-1-1 transports during the week ending November 10, compared to 48 the prior week. Harbor-UCLA Medical Center had a daily average of 28 9-1-1 transports during the week ending November 10, compared to 25 the prior week. This data is also self-reported by the hospitals.

On November 14, 2007, the DHS Director and the DHS Senior Medical Director met with the Emergency Medical Services Commission to discuss the impact of the closure of MLK-Harbor Hospital on the EMS system and to request that the Commission lead efforts to mitigate the impact to the system during the upcoming flu season. These efforts could include innovative processes and programs to increase pre-hospital services and redirect EMS demand.

The Hospital Association of Southern California (HASC) hosted a meeting on November 15, 2007, with representatives from DHS, the EMS Agency, the Department of Public Health, 9-1-1 receiving hospitals, fire departments, ambulance companies, and clinics, to discuss the winter flu season and provide recommendations to mitigate potential negative effects to the healthcare system. Concepts for improved communication and services were discussed and a taskforce was identified to work toward new protocols for EMS services during a potential flu crisis.

On November 15, 2007, Harbor-UCLA Medical Center requested a diversion of ambulance traffic due to a high volume of patients in the emergency room and hospital. The EMS Agency collaborated with Harbor-UCLA Medical Center to identify patients to transfer to other facilities. The diversion was lifted after four hours.

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Progress to Re-open MLK-Harbor Hospital

On November 15, 2007, a community meeting was held to provide the Department with input on criteria that should be used by the County for the selection of a new operator for the hospital. These criteria will be considered for those operators who meet the minimum requirements and are recommended by Hammes Company to advance to the next phase of the Request for Solutions (RFS) process. An update on the RFS progress and related negotiations is being provided to your Board today under separate cover.

Conclusion

I will continue to update you on the status of the MLK contingency services plan. Due to the Thanksgiving holiday the next written status report will be issued on November 30, 2007. If you have any questions or need additional information, please let me know.

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Attachments

c: Chief Executive Officer County Counsel Executive Officer, Board of Supervisors

Los Angeles County Department of Health Services MARTIN LUTHER KING, JR. - MULTI-SERVICE AMBULATORY CARE CENTER Urgent Care, Primary and Specialty Care Visits Week Ending November 10, 2007¹

Visit Type	9/1/2007	9/8/2007	9/15/2007	9/22/2007	9/29/2007	10/6/2007	10/13/2007	10/20/2007	10/27/2007	11/3/2007	11/10/2007	Trend Indicator ²
Urgent Care ³	342	343	433	454	488	440	475	495	556	415	469	→
Primary and Specialty Care	2,017	1,535*	2,050	1,971	2,102	1,930	1,754*	2,192	2,177	2,175	2,399	

¹ Weekly statistics reflect activities beginning on Sunday 12:00 midnight and ending on Saturday 11:59 pm.

² Trend indicator is calculated by comparing current week to average of previous four weeks (unless otherwise adjusted): Up arrow indicates an increase of 5% or greater, down arrow indicates a decrease of 5% or greater.

³ Urgent care visits include pediatric and adult urgent care visits.

[•] Number of visits is lower due to holidays. This number is not included in the calculation of the trend indicator.

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											Caldomia Hospital Medical Center: 26 Emergency Department
Trend Indicator	70/01/11	10/6/11	70/72/01	10/02/01	10/13/07	70/8/01	40/62/6	8\22\01	10/91/6	70/8/6	
	Week of 11/4/07-	Week of 10/28/07-	Week of 10/21/07-	Week of 10/14/07-			VVeek of 8/23/07-	Week of 9/16/07-	Neek ot 8/8/07-	Week of 9/2/07- 1	IsilqeoH
Average Daily Emergency Department (ED) Volume											

• Not reported/available These numbers have been updated based on revised information.

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**Prior to the week ending 912007, total for number of 9-1-1 transports does not include Long Beach Medical Center.